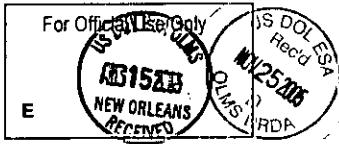


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13348</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>DANA A Colombo</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 8428</u> Street _____ City <u>Metairie</u> State <u>LA</u> ZIP Code + 4 <u>70011</u>	4. Name, file number, and address of labor organization. Name <u>Plumbers + Steamfitters Local 60</u> Labor Organization File Number <u>037-884</u> P.O. Box, Building and Room Number, if any _____ Street _____ City <u>Metairie</u> State <u>LA</u> ZIP Code + 4 <u>70011</u>
5. Position in labor organization. <u>ORGANIZER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>MECHANICAL CONTRACTORS</u> <u>ASSN. OF N.O.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>P.O. Box 51238</u> Street _____ City <u>NEW ORLEANS</u> State <u>LA</u> ZIP Code + 4 <u>70151</u>	7.a. Nature of Interest, Transaction, or Income. <u>- MEAL 12/22/05 \$3.00</u> 7.b. Amount. <u>\$3.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>D.A.C.</u>	On <u>8/15/05</u> (504) <u>885-3054</u> Date Telephone Number

Name of Person Filing

DANA A. Colombo

File Number U-

## Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

NATIONAL INSPECTION TESTING  
AND CERTIFICATION CORP.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

501 SHATTU PLACE, Suite 201

City

Los Angeles

State

CA

ZIP Code + 4 90020

7.a. Nature of Interest, Transaction, or Income.

- MEAL 2/04 - 127.94  
- MEAL 6/04 - 71.46  
- MEAL 10/04 - 31.62

7.b. Amount.

231.02

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Name of Person Filing

DANA A. Colombo

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name DAVIS HAMILTON JACKSON ASSOC

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street #20 HOUSTON CENTER, 909 FANNIN SUITE 550City HOUSTONState TX ZIP Code + 4 77010

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PLUMBERS + STEAMFITTERS PENSION PLAN

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any P.O. BOX 8428

Street \_\_\_\_\_

City METairieState LA ZIP Code + 4 70011

11.a. Nature of such dealing.

INVESTMENT MANAGER FOR PENSION FUND

11.b. Approximate dollar value of such dealing.

87,837.20

12.a. Nature of interest held or income received.

- GOLF 4/1/04 45.00

12.b. Amount.

45.00

Name of Person Filing <u>DANA A. Colombo</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>INVESTMENT PERFORMANCE SERV</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>7402 HODGSON MEMORIAL DR.</u></p> <p>City <u>SAVANNAH</u></p> <p>State <u>GA</u> ZIP Code + 4 <u>31406</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>ATS LOCAL NO 60</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 8428</u></p> <p>Street _____</p> <p>City <u>METairie</u></p> <p>State <u>LA</u> ZIP Code + 4 <u>70011</u></p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;"><u>INVESTMENT CONSULTANT FOR PENSION FUND</u></p> <p>11.b. Approximate dollar value of such dealing. <u>75,000.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>- meal - 6/1/04 - 85.00</u></p> <p>12.b. Amount. <u>85.00</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing	DANA A. COLOMBO	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>JANUS INSTITUTIONAL</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>151 DETROIT ST.</u></p> <p>City <u>DENVER</u></p> <p>State <u>CO</u> ZIP Code + 4 <u>80206</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>PLUMBERS &amp; STEAMFITTERS</u> <u>PENSION PLAN</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 8428</u></p> <p>Street _____</p> <p>City <u>METairie</u></p> <p>State <u>LA</u> ZIP Code + 4 <u>70011</u></p>	<p>11.a. Nature of such dealing.</p> <p align="center"><u>INVESTMENT MANAGERS</u> <u>FOR PENSION FUND</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>57,910.84</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>MEAL 6/1/04 45.00</u></p> <hr/> <p>12.b. Amount. <u>45.00</u></p>

Name of Person Filing <u>DANA A. Colombo</u>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>PLUMBERS + STEAM FITTERS EDUCATION TRUST</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 8428</u></p> <p>Street _____</p> <p>City <u>METairie</u></p> <p>State <u>LA</u> ZIP Code + 4 <u>70011</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>PLUMBERS + STEAM FITTERS LOCAL 60</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 8428</u></p> <p>Street _____</p> <p>City <u>METairie</u></p> <p>State <u>LA</u> ZIP Code + 4 <u>70011</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>UNION is co-SPONSOR of TRUST FUND</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>542,721.56</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>- Registration NA Pipe Trades - 350.00</u> <u>5/21/04</u></p> <p><u>- MEAL - 7/2/04 - 29.06</u></p> <p><u>- MEAL - 7/3/04 - 31.94</u></p> <p><u>- CHRISTMAS DINNER meeting - 61.00</u> <u>12/04</u></p> <hr/> <p>12.b. Amount. <u>472.00</u></p>

<p><b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>